

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	Lamoine Maine	Town/City	Lamoine Permit # 1845
Street or Road	185 Lamoine Beach Rd	Date Permit Issued	7/11/17 Fee: \$100.00 Double Fee Charged [ ]
Subdivision, Lot #		<div style="display: flex; justify-content: space-between;"> <div>   Local Plumbing Inspector Signature </div> <div> L.P.I. # 1040 </div> </div>	
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$ _____ state min fee \$ _____ Locally adopted fee Copy: [ ] Owner [ ] Town [ ] State	
Name (last, first, MI)	FRYE Paul J Owner Applicant	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Mailing Address of Owner/Applicant	3170 Longview Dr. N. Ft. Myers FL 33917		
Daytime Tel. #	207 460 2757		
<b>OWNER OR APPLICANT STATEMENT</b> I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. <div style="display: flex; justify-content: space-between;"> <div>   Signature of Owner or Applicant </div> <div> 7/10/17  Date </div> </div>		<b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. <div style="display: flex; justify-content: space-between;"> <div> _____  Local Plumbing Inspector Signature </div> <div> _____  (1st) date approved </div> </div> <div style="display: flex; justify-content: space-between;"> <div> _____  (2nd) date approved </div> </div>	
<b>PERMIT INFORMATION</b>			
<b>TYPE OF APPLICATION</b> 1. First Time System 2. Replacement System Type replaced: <u>N/A</u> Year installed: _____ 3. Expanded System a. <25% Expansion b. >25% Expansion 4. Experimental System 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input checked="" type="radio"/> 1. No Rule Variance <input type="radio"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="radio"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="radio"/> 4. Minimum Lot Size Variance <input type="radio"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> 1. Complete Non-engineered System 2. Primitive System (graywater & alt. toilet) 3. Alternative Toilet, specify: _____ 4. Non-engineered Treatment Tank (only) 5. Holding Tank, 1000 gallons 6. Non-engineered Disposal Field (only) 7. Separated Laundry System 8. Complete Engineered System (2000 gpd or more) 9. Engineered Treatment Tank (only) 10. Engineered Disposal Field (only) 11. Pre-treatment, specify: _____ 12. Miscellaneous Components	
<b>SIZE OF PROPERTY</b> <u>3</u> SQ. FT. ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) Current Use Seasonal Year Round Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input checked="" type="radio"/> 1. Drilled Well <input type="radio"/> 2. Dug Well <input type="radio"/> 3. Private <input type="radio"/> 4. Public <input type="radio"/> 5. Other	
<b>SHORELAND ZONING</b> Yes <input type="radio"/> No <input checked="" type="radio"/>	<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>		
<b>TREATMENT TANK</b> <input checked="" type="radio"/> 1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: <u>1000</u> GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input checked="" type="radio"/> 1. Stone Bed <input type="radio"/> 2. Stone Trench <input type="radio"/> 3. Proprietary Device a. cluster array c. Linear b. regular load d. H-20 load 4. Other: _____ SIZE: <u>N/A</u> sq. ft. lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="radio"/> 1. No <input type="radio"/> 2. Yes <input type="radio"/> 3. Maybe If Yes or Maybe, specify one below: a. multi-compartment tank b. _____ tanks in series c. increase in tank capacity d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>270</u> gallons per day BASED ON: 1. Table 4A (dwelling unit(s)) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION at Observation Hole # _____ Depth _____ of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> 1. Medium---2.6 sq. ft. / gpd 2. Medium---Large 3.3 sq. ft. / gpd 3. Large---4.1 sq. ft. / gpd 4. Extra Large---5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> 1. Not Required 2. May Be Required 3. Required Specify only for engineered systems: DOSE: _____ gallons	3. Section 4G (meter readings) ATTACH WATER METER DATA  <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. _____ d _____ m _____ s Lon. _____ d _____ m _____ s if g.p.s, state margin of error: _____
<b>SITE EVALUATOR STATEMENT</b>			
I certify that on _____ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
Site Evaluator Signature <u>N/A</u>		SE # _____	Date _____
Site Evaluator Name Printed _____		Telephone Number _____	E-mail Address _____

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.